

1772
JFW

PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

INVENTOR(S) : Vulpitta, et al.
TITLE : ANTI-TELESCOPING
ADHESIVE TAPE PRODUCT
APPLICATION NO. : 09/711,478
FILED : November 13, 2000
CONFIRMATION NO. : 7902
EXAMINER : Jane J. Rhee
ART UNIT : 1772
LAST OFFICE ACTION : August 10, 2004
ATTORNEY DOCKET NO. : MAEE 2 12957

AMENDMENT

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on 9-10-04

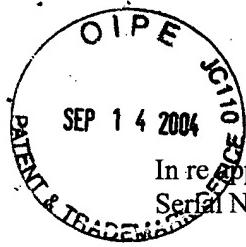
Adeline Machado
9-10-04 (SIGNATURE)

Dear Sir:

Responsive to the office action dated August 10, 2004, applicants amend this application as follows.

Amendments to the Claims are reflected in the listing of claims which begins on page 2 of this paper.

Remarks/Arguments begin on page 4 of this paper.



AMENDMENT TRANSMISSION
CORPORATIONS (LARGE BUSINESSES)
DOCKET NO. MAEE 212957

In re application of: Vulpitta, et al.
Serial No. 09/711,478

Filed: November 13, 2000

For: ANTI-TELESCOPING ADHESIVE TAPE PRODUCT

COMMISSIONER FOR PATENTS
P.O. Box 1450
Alexandria, Virginia 22313-1450

Sir:

Transmitted herewith is an amendment in the above-identified application.

The fee has been calculated as shown below.

Claims as Filed or Amended						
(1)	(2) Claims Filed or Remaining After Amendment	(3)	(4) Highest No. Previously Paid For	(5) Present Extra	(6) Rate	(7) Total Amount
Total Claims	* 10	Minus	** 20	0	\$18	\$ 0.00
Indep. Claims	* 3	Minus	*** 3	0	\$86	\$ 0.00
Total Additional Fee For this Amendment --->					\$ 0.00	

* If the entry in Column 2 is less than the entry in Column 4 write "0" in Column 5

** If the "Highest No. Previously Paid For" is less than 20 write "20".

*** If the "Highest No. Previously Paid For" is less than 3 write "3".

A check in the amount of \$ _____ to cover the required Fee is enclosed.

General Authorization to Charge Deposit Account For All Required Fees, Fees Under 37 C.F.R. 1.17, or All Required Extension of Time Fees. Should any additional fees be required in connection with this application, during the entire pendency of the application, the Commissioner is authorized to charge any fees which may be required, or credit any overpayment to Account No. 06-0308. This transmission form is submitted in triplicate..

FAY, SHARPE, FAGAN, MINNICH & MCKEE

By: *Thomas E. Young*
THOMAS E. YOUNG
Reg. No. 28,924
1100 Superior Avenue, Seventh Floor
Cleveland, Ohio 44114-2579
Phone: (216) 861-5582
Fax: (216) 241-1666